

RECEIVED

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

EC 23 '05

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER THE MILLER PRESS		2. DATE 09-30-05	S.D. SEC. of STATE
3. FREQUENCY OF ISSUE WEEKLY	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 26.00/\$33.00	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO BOX 196, MILLER, SD 57362			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO BOX 196, MILLER SD 57362			
6. FULL NAME OF PUBLISHER: GARY MCFARLANE			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME COMPLETE MAILING ADDRESS MILLER PUBLISHING COMPANY, INC PO BOX 196, MILLER, SD 57362			
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. NONE			
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE	
A. TOTAL NO. COPIES (Net Press Run)	2100	2100	
B. PAID AND/OR REQUESTED CIRCULATION	222	235	
1. Sales through dealers and carriers, street vendors and counter sales.			
2. Mail Subscription (Paid and or requested)	1657	1650	
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	1879	1885	
D. FREE DISTRIBUTION	24	24	
1. BY MAIL, CARRIER OR OTHER MEANS			
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	25	25	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1928	1934	
F. COPIES NOT DISTRIBUTED	79	86	
1. Office use, left over, unaccounted, spoiled after printing			
2. Return from News Agents	93	80	
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	2100	2100	

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Gary L McFarlane
(Signature)

PUBLISHER

(Title)

State of South Dakota)

County of HAND)

(Seal)

Sworn to before me this 30 day of 9, 2005

Heidi J. McFarlane
Notary Public

My commission expires: 10-11-10

75/11/89

MILLER PUBLISHING COMPANY, INC. LIST OF STOCKHOLDERS

GARY MCFARLANE, PO BOX 123, MILLER, SD 57362

PAULA MCFARLANE, PO BOX 123, MILLER, SD 57362